Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 27 November 2013.

PRESENT

Dr. S. Hill CC (in the Chair)

Dr. T. Eynon CC	Mr. J. Miah CC
Dr. R. K. A. Feltham CC	Mr. M. T. Mullaney CC
Mr. S. J. Hampson CC	Mr. J. P. O'Shea CC
Mr. W. Liquorish JP CC	Mr. A. E. Pearson CC

In attendance.

Mr E F White CC, Cabinet Lead Member
Mr Geoff Smith OBE, Healthwatch Representative (minutes 31 – 34 refer)
Dr Dave Briggs, Managing Director, East Leicestershire and Rutland Clinical Commissioning Group (minutes 31 – 33 refer)
Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust (minute 31 refers)
Dr Satheesh Kumar, Medical Director, Leicestershire Partnership NHS Trust (minute 31 refers)
Ms Jane Taylor, Director of Emergency Care, Leicester, Leicestershire and Rutland (minute 32 refers)
Dr Kevin Harris, Medical Director, University Hospitals of Leicester NHS Trust (minute 33 refers)
Mr Andrew Seddon, Director of Finance and Business Services, University Hospitals of Leicester NHS Trust (minute 33 refers)
Ms Nicky Topham, Project Director, Site Reconfiguration, University Hospitals of Leicester NHS Trust (minute 33 refers)
Steve Firman, Programme Director, East Midlands Ambulance Service (minute 34 refers)
Roger Watson, Consultant Paramedic, East Midlands Ambulance Service (minute 34 refers)

23. Minutes of the meeting held on 11 September 2013.

The minutes of the meeting held on 11th September 2013 were taken as read, confirmed and signed.

24. Minutes of the meeting held on 12 September 2013.

The minutes of the meeting held on 12th September 2013 were taken as read, confirmed and signed.

25. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

26. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

27. Urgent Items.

There were no urgent items for consideration.

28. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Dr T Eynon CC declared a personal interest in all items on the agenda as a salaried GP.

29. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

30. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

31. Quality Improvement Programme.

The Committee considered a report from Leicestershire Partnership NHS Trust (LPT) which provided an update on the Quality Improvement Programme. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Chairman welcomed the following people to the meeting for this item:-

Dr Peter Miller, Chief Executive of LPT
Dr Satheesh Kumar, Medical Director at LPT;
Dr Dave Briggs, Managing Director of East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG), the lead commissioners for LPT.

Dr Briggs emphasised that the Quality Improvement Plan was ambitious and was intended to improve quality at LPT to a position that was significantly above the minimum standards. It was intended that, once a certain standard was achieved, there would be a reduction in the scrutiny of delivery, currently carried out by a newly established Quality Oversight Group. The timescales for delivery were challenging and it was intended that LPT would focus on delivering improvement in priority areas. However, timescales might slip in other areas.

Written comments had been received from Healthwatch Leicestershire and a copy is filed with these minutes. At the invitation of the Chairman, Geoff Smith OBE, the Healthwatch representative, commented that Healthwatch would welcome a shortening of the timescales for delivery of the Quality Improvement Programme. However, the timescales, which had been developed with staff and the Quality Oversight Group, were

ambitious and unlikely to be shortened. Dr Peter Miller confirmed that Healthwatch would be invited to future meetings of the Quality Oversight Group.

Arising from discussion the following points were raised:-

(i) The Quality Oversight Group would ensure that LPT and its commissioners were monitoring performance in the right areas and could demonstrate that people were receiving the care that they deserved. The Quality Improvement Plan had been rigorously tested during development to ensure that it was satisfactory. Work had already started on the key priority measures.

(ii) In order to achieve the necessary improvements in quality, LPT would need a sustainable change in culture. Strong leadership would be required to deliver this, for example every clinician would need to demonstrate leadership potential and not walk past poor practice. A cultural audit of several hundred members of staff had already been undertaken and would be repeated in order to measure whether the change had been implemented.

(iii) A variety of mechanisms were being put in place to improve the experience of patients and carers. These included strengthening the complaints process, undertaking surveys when patients were being discharged and collating patient feedback by ward to enable performance to be considered at ward level. In order to collect relevant data from staff as well, LPT wanted to create a culture which encouraged openness and the raising of concerns about poor performance. Policies to support this were in place. Senior managers were also visible on wards and would speak with staff and patients. The Committee commented that it was important to have the right balance to ensure that data collection was not overly bureaucratic and that key messages were not overlooked.

(iv) The model for providing psychological therapies on wards would be informed by NICE guidance but would also build on existing services available to inpatients such as self-help groups. Base level training in Cognitive Behavioural Therapies was also being planned for ward staff.

(v) The Supporting Leicestershire Families programme used an assessment tool called ‘Family Star’ to support and measure change. It used a scale of one to ten to outline key steps in a transition from dependence to independence. It was suggested that this model could be adapted by LPT to measure performance of therapies.

(vi) The Committee was pleased to note the number and range of activities available for in-patients. Most activities were undertaken in the Involvement Centre, within the safety of the Bradgate Unit but away from the wards. Those patients preparing for discharge were given support to go out into the community. The need to ensure that sufficient Occupational Therapists were available to provide these services was acknowledged by LPT.

(vii) The average length of stay on the Bradgate Unit was 44 days, with more than half of the patients detained by the Mental Health Act. The wards always had nearly 100% occupancy, which put the service under pressure. The Committee was pleased to note that, in order to reduce pressure on in-patient services, LPT also planned to improve the discharge process and how the Community Mental Health teams supported patients in the community. LPT was currently working to address

capacity issues in this area. Evidence showed that engaging with patients while they were in the community helped to prevent readmissions. To this end, LPT had also established a Recovery College which provided evidence based education in self-management. Less than 5% of LPT's patients were readmitted within one month of discharge, although this number had increased recently.

(viii) One of the actions in the Quality Improvement Programme was to set a standard time between agreeing to admit a patient and actually admitting them. The performance measure for this target was still being developed. However, it was noted that a police triage car was in operation and had reduced the number of patients who ended up being put on Section 136 by the police. This contained both a mental health clinician and a police officer and would ensure that the patient was kept safe until admitted.

(ix) Although 15% of police time was taken up with mental health issues, it was noted that most actions undertaken by the police to ensure that people with mental health problems were dealt with appropriately and sensitively were within the police's remit. It was important that the response to requests for support from the police was efficient.

(x) The length of time a One to One session lasted was a matter for professional judgement. One to One meetings had already been introduced as part of the Quality Improvement Programme. Patient feedback would be used to check if the One to One sessions were meaningful.

(xi) LPT did not offer a specific service to assist patients where their mental illness had caused a family breakdown. However, it had signed up to the Leicester, Leicestershire and Rutland Carers' Strategy which worked with families to prevent breakdown. Bereavement services were also available.

RESOLVED:

(a) That the development of the Quality Improvement Programme be noted;

(b) That a report on the outcomes of the work of the Quality Oversight Group be submitted to the Health Overview and Scrutiny Committee meeting in March 2014;

(c) That officers be requested to organise a visit to the Bradgate Unit for members of the Committee.

32. Emergency Care Update.

The Committee considered a report from West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups (WLCCG and ELRCCG) which provided an update on performance of the local urgent and emergency care system, in particular the University Hospitals of Leicester NHS Trust's (UHL) performance against the four hour standard for Accident and Emergency (A&E) waiting times and the actions taken by the local health economy to address the underlying issues affecting the emergency pathway and its impact on A&E performance. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Written comments had been received from Healthwatch Leicestershire and a copy is filed with these minutes.

The Chairman welcomed Dr Dave Briggs, Managing Director of ELRCCG and Jane Taylor, Director of Emergency Care across Leicester, Leicestershire and Rutland, to the meeting for this item.

In his introduction to the item, Dr Briggs observed that a lot of good work had been carried out but that this had not translated to a sustained improvement in performance. The patient experience had been improved through a number of quality and safety metrics including a patient census which tracked every patient through the system and enabled partners to identify where to focus resources. It was hoped that this would result in a significant improvement in performance in the near future.

Arising from discussion the following points were raised:-

(i) The challenge in achieving the four hour waiting time target for A&E was the daily variation in performance. A sustained improvement in the flow through the hospital was also a significant challenge and key area of focus. In particular, improvements were being made to the discharge process.

(ii) UHL had received £10m from the Government to help deal with winter pressures. This had already been overcommitted to help improve A&E performance. The recent announcement of a further £150m from the Government would not be made available to UHL as they had received funding earlier in the programme.

(iii) It was acknowledged that achieving the four hour waiting time target in A&E had always been a challenge. This was because the local health economy had not transformed quickly enough over a number of years. This had worsened the crisis and meant that a number of significant improvements were required to meet the challenge. The improvements included the expansion of the Emergency Department which was felt to be a necessary investment in order for UHL to meet the target. Commissioners were of the view that the local emergency care system was now catching up rapidly with other areas.

(iv) The non-emergency telephone number, 111, had been introduced in Leicester, Leicestershire and Rutland after the national roll out to enable lessons to be learnt from issues that had arisen elsewhere in the country. Prior to its introduction, UHL had implemented the single front door which meant that 111 had not had an adverse impact on UHL's Emergency Department.

(v) Work was on-going to establish a single template for patient data across health and social care. There was also an ambition to develop a single data system that worked across partners' IT systems. In the meantime, improvements had been made to enable partners to share information more efficiently and an integrated discharge team had been established.

(vi) The integration of health and social care was a priority across the local health and care system. Areas that would initially be focussed on included IT and the frail elderly. The 'silver book', which had recently been launched and outlined care standards for older people over the first 24 hours of an urgent care episode, could be used to support work on improving care for frail elderly people. Members suggested that creating a 'silver e-book' could be a useful project.

(vii) Concern was expressed regarding the number of hospital admissions from care homes. It was recognised that this was a cultural problem, particularly with regard to end of life care and the CCGs had a significant programme of work aimed at supporting care homes to reduce admissions. This included giving care homes confidence in the Out of Hours service, proactively reviewing data on a weekly basis to address issues quickly and working with the East Midlands Ambulance Service. A workshop would be hosted by the CCGs for care homes' staff next week to identify how they could best be supported.

RESOLVED:

(a) That the performance of the local urgent and emergency care system and actions taken to address the underlying issues affecting the emergency pathway be noted;

(b) That a report on hospital admissions from Care Homes be submitted to a future meeting of the Health Overview and Scrutiny Committee.

33. Update on Current Issues

The Committee considered a report from the University Hospitals of Leicester NHS Trust (UHL) which provided an update on the proposed development of the Emergency Floor, UHL's mortality rates, the forthcoming Care Quality Commission (CQC) hospital inspection programme and UHL's financial position for 2013/14. The Committee also received a presentation providing details of the proposed improvements to the Emergency Floor. A copy of the report marked 'Agenda Item 11' and a copy of the slides forming the presentation is filed with these minutes.

The Chairman welcomed the following people to the meeting for this item:-

Dr Kevin Harris, Medical Director at UHL;
Andrew Seddon, Director of Finance and Business Services at UHL;
Nicky Topham, Project Director for Site Reconfiguration at UHL.

The Chairman also invited Dr Dave Briggs, Managing Director of East Leicestershire and Rutland CCG, to provide contextual details of the Better Care Together Programme which was aimed to make improvements across the local health and care system. Dr Briggs explained that a single joint strategic five year plan for health and social care in Leicestershire, Leicester and Rutland would be co-produced for sign-off in April 2014. This would be used to inform the individual operational plans of each organisation within the local health and care system. Although the Better Care Together project had been in operation for some time, looking at such issues as the Emergency Floor, the speed of change had recently escalated and would need to be on a bigger scale than previously anticipated.

Written comments had been received from Healthwatch Leicestershire and a copy is filed with these minutes. At the invitation of the Chairman, Geoff Smith OBE, Healthwatch representative, spoke in support of the new proposal for the Emergency Floor and requested that consideration be given to the Park and Ride schemes when considering access to the Leicester Royal Infirmary site.

Arising from discussion the following points were raised:-

Emergency Floor

(i) While there is no longer a need under the new plan for the Emergency Floor to move outpatient services to the Leicester General Hospital, it remained the Trust's long-term priority to move outpatient services away from the Leicester Royal Infirmary. It was intended that the old A&E Department would be turned into an assessment area once the new one had been built.

(ii) The NHS Trust Development Agency viewed the project as high priority. Informal feedback on the scheme had been supportive.

(iii) Concern was expressed that the new proposal would not improve access to the Leicester Royal Infirmary. However, the Committee was assured that improved access for ambulances and car parking were included in the scheme. A full site review of the car parking strategy would be carried out.

(iv) It was noted that the Keogh Review had advocated a reduction in the number of Emergency Departments nationally. It was felt that Leicester required a single Emergency Department in order to deliver the optimum outcomes for patients. However, the current Emergency Department was too small and had been intended for treating 100,000 patients per year, not the 160,000 patients per year that were currently being treated there. UHL was projecting an annual 3% growth in activity and it was intended that up to 200,000 patients could be treated in the new Emergency Department each year, thus making it sustainable for the future. A new build would also mean a more flexible space.

(v) Members suggested that Community Hospitals should be used more effectively, especially for patients requiring end of life care. It was agreed that patients should not attend A&E if it was of little or no benefit to them.

Hospital Mortality Rates

(vi) It was noted that there were very few hospitals with a similar configuration to UHL and it was therefore very difficult to benchmark levels of mortality against other Trusts.

CQC Wave 2 Acute Hospital Inspection Programme

(vii) Concern was expressed that coding issues appeared to be a long term recurring theme for UHL. The Committee expected that the CQC would seek reassurance in this area when they carried out the inspection.

Financial Position 2013/14

(viii) The Committee was advised that, at the end of month 7, UHL was facing a financial deficit of £17.3m, or 3.8%. However, it was on target to save just under £38m through its Cost Improvement Programme, just over £2m short of the total level of savings identified. UHL was still in discussion with commissioners regarding its financial position at the end of the year. Concern was expressed that achieving financial balance was a recurring problem for UHL.

(ix) Concern was expressed that UHL had 500 vacant nursing posts. It was noted that the number of vacancies had been substantially increased following an acuity

review. UHL was currently recruiting nurses in Portugal to fill the vacancies. However, the Committee was of the view that UHL should seek to employ agency staff directly and, to that end, should be having discussions with local agency staff to understand why they preferred to be employed by an agency and how they could be encouraged to accept a permanent contract from UHL.

RESOLVED:

That the update on the proposed development of the Emergency Floor, UHL's mortality rates, the forthcoming Care Quality Commission (CQC) hospital inspection programme and UHL's financial position for 2013/14 be noted.

34. Update on Implementation of the Estates Strategy.

The Committee considered a report of the East Midlands Ambulance Service (EMAS) which provided an update on progress with the Estates Strategy and, in particular, plans for ambulance stations within Leicestershire County. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

The Chairman welcomed Steve Firman, Programme Director for the EMAS Estates Strategy and Roger Watson, Consultant Paramedic, to the meeting for this item.

In his introduction to the report, Roger Watson outlined recent issues relating to EMAS' performance which had resulted in a risk summit meeting. As a result of the risk summit, governance arrangements were being improved and extra Community Ambulance Team nurses were being put in place. It was also felt that the new Chief Executive, Sue Noyes, had created a positive atmosphere within the organisation, following the conclusion of an extremely challenging management restructure.

It was clear that EMAS had a role to play in improving the performance of the local emergency care system. Actions that were being taken included working with triage cars for patients with mental ill health, the 'GP in a car' initiative which had had a positive impact on the number of patients being conveyed to A&E as different pathways were being identified and the introduction of a post-registration course for paramedics to help them deal with non-emergency issues, particularly with regard to end of life care.

Written comments had been received from Healthwatch Leicestershire and a copy is filed with these minutes. At the invitation of the Chairman, Geoff Smith OBE, Healthwatch representative, welcomed the involvement of Healthwatch in the recent risk summit and the reassurance that, following the management restructure, EMAS appeared to be making improvements.

Arising from discussion the following points were raised:-

(i) EMAS found it challenging to meet the performance targets in rural areas. In order to make improvements, the standby system was being reviewed and cars manned by paramedics were being introduced in market towns. These 'zonal' cars would not leave the area as one of the key issues affecting performance identified by staff was the amount of time taken to return to the area they were supposed to be in. The Business Intelligence Unit was also using data to identify ways in which the target could be met.

(ii) The Committee was assured that current ambulance stations would not be closed until the new Community Ambulance Stations were in place. This was a change to the original implementation plan as a result of staff feedback. The Committee was pleased to note that EMAS was listening to feedback and changing its approach accordingly.

(iii) It was noted that the Estates Strategy had not been supported by all staff. EMAS was grateful to staff for raising their concerns with senior managers and had now listened to all staff and taken their views on board. Staff wanted to be in the community, where they could get to patients more quickly. They also had a better understanding of travel times than centrally based staff and so could provide advice on the best place for community ambulance stations. Members were pleased to note that staff and managers were now working together on the Estates Strategy and felt that this would bring confidence in the service back to local communities.

RESOLVED:

That the update on progress against the Estates Strategy and plans for ambulance stations in Leicestershire be noted.

35. Annual Report of the Director of Public Health

The Committee considered a report of the Director of Public Health which informed members of the publication of the Director of Public Health's Annual Report for 2013. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

Mr E F White CC, Cabinet Lead Member for Health, spoke in support of the Annual Report and, in particular, drew members' attention to the case studies, arguments for investment and update on action taken since the previous year's report. He also thanked Dr Peter Marks, who was due to retire at the end of November, for his services.

The Committee welcomed the report, which was informative and useful and thanked those involved in producing it.

RESOLVED:

(a) That the Annual Report of the Director of Public Health be welcomed;

(b) That a letter of thanks be sent from the Committee to Dr Peter Marks in recognition of his services as Director of Public Health.

36. Date of next meeting.

It was noted that the next meeting of the Committee would be held on Wednesday 22 January at 2.00pm.

2.00 - 5.03 pm CHAIRMAN
27 November 2013